

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000080510**

1. Entity Name

**MIAMI GO WIRELESS, INC.**

Principal Place of Business

**5704 NW 2ND AVE  
MIAMI FL 33127-1608**

Mailing Address

**1390 NE 35 STREET  
MIAMI FL 33142**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FLORIDA**

Zip

Country

**33142****U.S.A**4. FEI Number **65-0954356**☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUZMAN, DEXTER  
1390 NE 35 STREET  
MIAMI FL 33142**Name **GUZMAN, DEXTER**

Street Address (P.O. Box Number is Not Acceptable)

**1390 N.W. 35th STREET**

City

**MIAMI****FL**Zip Code  
**33142**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Dexter Guzman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/25/01**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PSD	GUZMAN, DEXTER	1390 NE 35 STREET	MIAMI FL 33142-5548	<input checked="" type="checkbox"/> Delete	PSD	GUZMAN, DEXTER	1390 N.W. 35 STREET	MIAMI, FLORIDA 33142-5548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dexter Guzman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01**

Date

**305-823 6035**

Daytime Phone #

CR2E034 (10/00)